

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
45  
39  
7070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32156  
Registrar's No. 365

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County BUTLER  
(b) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether

In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

MARY ELLEN WAGNER

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife

7. Birth date of deceased NOV. 22 - 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 11 - hr. min.

9. Birthplace NEELYVILLE MO  
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business

12. Name HAROLD WAGNER  
13. Birthplace HARVIELL MO  
(City, town, or county) (State or foreign country)  
14. Maiden name MYRTLE TIMMONS  
15. Birthplace NEELYVILLE MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Wagner  
(b) Address Star Route Neelyville Mo

17. (a) BURIAL (b) Date thereof OCT 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HYAM CEM.

18. (a) Signature of funeral director W. T. Phelps  
(b) Address Poplar Bluff Mo

19. (a) 11-17-48 (b) W. T. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER  
(c) City or town RURAL - NEELY TWP  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 mi. so POPLAR BLUFF  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 22  
year 1948 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 15 Oct 48 to 22 Oct 48  
that I last saw him alive on 22 Oct 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Myocarditis - 2 weeks  
Due to Refluxitis and  
lobar pneumonia  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature W. T. Phelps (a) or other  
Address Poplar Bluff Mo

RECEIVED

District Health Office No. 2

District File Number 1148-1493

Date Filed 11-4-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Marshall C Blackwell....., Registered Apprentice No. 223  
working under my personal supervision.

Signed N G Phelps.....

Licensed Embalmer No. 3231

P. O. Address Ogden Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.